FORM D

OLT ZOOF PU

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

/354374 OMB APPROVAL

OMB Number: 3235-0076

Expires: April 30, 2008 Estimated average burden

Estimated average burden hours per response 16.00

| SEC USE ONLY |          |  |  |  |
|--------------|----------|--|--|--|
| Prefix       | Serial   |  |  |  |
|              |          |  |  |  |
| DATE         | RECEIVED |  |  |  |
| 1            | 1        |  |  |  |

| Name of Offering ( check if this is an amendment a                             | ind name has changed, a   | nd indicate char | ge.)               |                         |                                      |
|--|---------------------------|------------------|--------------------|-------------------------|--------------------------------------|
| Sale of Class A Membership Units   |                           |                  |                    |                         | I II Blis 2016 Blis Base And Control |
| Filing Under (Check box(es) that apply):   Rule                                | 504 🔲 Rule 505            |                  | Section 4(6)       | ULOE                    |                                      |
| Type of Filing: New Filing Amendmen  | nt                        |                  |                    |                         |                                      |
|  | A. BASIC ID               | ENTIFICATION     | ON DATA            |                         | 06061290                             |
| 1. Enter the information requested about the issuer                            |                           |                  |                    | <u> </u>                | 00001230                             |
| Name of Issuer ( check if this is an amendment and                             | name has changed, and     | indicate change  | .)                 |                         |                                      |
| Green Builder Media, LLC   |                           |                  |                    |                         |                                      |
| Address of Executive Offices   | (Number and Street, C     | City, State, Zip | Code) Telephone    | Number (Including A     | Area Code)                           |
| P.O. Box 196, Montpelier, VT 05601   |                           |                  | (505) 867          | -0524                   |                                      |
| Address of Principal Business Operations (if different from Executive Offices) | (Number and Street, C     | City, State, Zip | Code) Telephone    | Number (Including A     | Area Code)                           |
| Same   |                           |                  | Same               |                         |                                      |
| Brief Description of Business Premier development, media, and cons             | ulting firm in the prog   | ressive real es  | tate industry.     |                         |                                      |
| Type of Business Organization  |                           |                  |                    |                         |                                      |
| corporation limited ;  | partnership, already form | ed               | other (please spec | ify): limited liability | company, already formed              |
| business trust limited p   | partnership, to be formed |                  | -                  | ,,                      |                                      |
|  | Month                     | Year             |                    |                         | FAUUESSED                            |
| Actual or Estimated Date of Incorporation or Organizat                         | ion: 08                   | 2005             | Actual             | ☐ Estimated             |                                      |
| Jurisdiction of Incorporation or Organization: (Enter                          | KOV 0 7 2008              |                  |                    |                         |                                      |
| CN f   | or Canada; FN for other   | foreign jurisdic | ion) DE            |                         | 5 <b></b>                            |
| GENERAL INSTRUCTIONS   |                           |                  |                    |                         | - MOSSICON                           |

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

| Full Name (Last name first, if individual) Gutterman, Sura  Sussies or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 196, Montpelier, VT 05601  Check Boxes that Apply:   Promoter   Seneticial Owner   Executive Officer   Director   Seneral and/or Managing Partner  Full Name (Last name first, if individual) Jones, Ronald W.  Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 196, Montpelier, VT 05601  Check Boxes that Apply:   Promoter   Seneticial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual) Susiness or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 196, Montpelier, VT 05601  Check Boxes that Apply:   Promoter   Seneticial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual) Wagner, John D.  Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 196, Montpelier, VT 05601  Check Boxes that Apply:   Promoter   Seneticial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 196, Montpelier, VT 05601  Check Boxes that Apply:   Promoter   Seneticial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Boxes that Apply:   Promoter   Seneticial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Boxes that Apply:   Promoter   Seneticial Owner   Executive Officer   Director   General and/or Managing Partner | Check Boxes that Apply:  | Promoter              | Beneficial Owner           | Executive Officer | Director | General and/or Managing Partner |  |  |  |  |
|--|--|-----------------------|----------------------------|-------------------|----------|---------------------------------|--|--|--|--|
| P.O. Box 196, Montpelier, VT 05601  Check Boxes that Apply:   Promoter   Seneticial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual) Jones, Ronald W.  Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 196, Montpelier, VT 05601  Check Boxes that Apply:   Promoter   Seneticial Owner   Executive Officer   Director   Seneral and/or Managing Partner  Full Name (Last name first, if individual) Strombotne, Brian P.  Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 196, Montpelier, VT 05601  Check Boxes that Apply:   Promoter   Seneticial Owner   Executive Officer   Director   Seneral and/or Managing Partner  Full Name (Last name first, if individual) Wagner, John D.  Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 196, Montpelier, VT 05601  Check Boxes that Apply:   Promoter   Seneticial Owner   Executive Officer   Director   Seneral and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 196, Montpelier, VT 05601  Check Boxes that Apply:   Promoter   Seneticial Owner   Executive Officer   Director   Seneral and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Boxes that Apply:   Promoter   Seneficial Owner   Executive Officer   Director   Seneral and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)   |  |                       |                            |                   |          |                                 |  |  |  |  |
| Check Boxes that Apply: Promoter   |  |                       | et, City, State, Zip Code) |                   |          |                                 |  |  |  |  |
| Check Boxes that Apply: Promoter   |  |                       |                            |                   |          |                                 |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 196, Montpelier, VT 05601  Full Name (Last name first, if individual) Strombotne, Brian P.  Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 196, Montpelier, VT 05601  Check Boxes that Apply:   Promoter   Seneticial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 196, Montpelier, VT 05601  Check Boxes that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 196, Montpelier, VT 05601  Check Boxes that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Boxes that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)   | Check Boxes that Apply:  | Promoter              | Beneficial Owner           | Executive Officer | Director | General and/or Managing Partner |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 196, Montpelier, VT 05601  Check Boxes that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual) Strombotne, Brian P.  Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 196, Montpelier, VT 05601  Check Boxes that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual) Wagner, John D.  Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 196, Montpelier, VT 05601  Check Boxes that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Boxes that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)   |  |                       |                            | • •               |          |                                 |  |  |  |  |
| Full Name (Last name first, if individual) Strombotne, Brian P.  Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 196, Montpelier, VT 05601  Check Boxes that Apply: Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual) Wagner, John D.  Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 196, Montpelier, VT 05601  Check Boxes that Apply: Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Boxes that Apply: Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Business or Residence Address (Number and Street, City, State, Zip Code)  | Business or Residence Addr   | ess (Number and Stree |                            |                   |          |                                 |  |  |  |  |
| Strombotne, Brian P.  Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 196, Montpelier, VT 05601  Check Boxes that Apply:   | Check Boxes that Apply:  | Promoter              | Beneficial Owner           | Executive Officer | Director | General and/or Managing Partner |  |  |  |  |
| P.O. Box 196, Montpelier, VT 05601  Check Boxes that Apply:  | •  |                       |                            |                   |          |                                 |  |  |  |  |
| Full Name (Last name first, if individual)  Wagner, John D.  Business or Residence Address (Number and Street, City, State, Zip Code)  P.O. Box 196, Montpelier, VT 05601  Check Boxes that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Boxes that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  |  | ,                     | • • • • •                  |                   |          |                                 |  |  |  |  |
| Wagner, John D.  Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 196, Montpelier, VT 05601  Check Boxes that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Boxes that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)   | Check Boxes that Apply:  | Promoter              | Beneficial Owner           | Executive Officer | Director | General and/or Managing Partner |  |  |  |  |
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| Check Boxes that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Boxes that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)   | Business or Residence Adda   | ess (Number and Stre  | et, City, State, Zip Code) |                   |          |                                 |  |  |  |  |
| Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Boxes that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)   | P.O. Box 196,  | Montpelier, VT 05     | 601                        |                   |          |                                 |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  Check Boxes that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)   | Check Boxes that Apply:  | Promoter              | Beneficial Owner           | Executive Officer | Director | General and/or Managing Partner |  |  |  |  |
| Check Boxes that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)   | Full Name (Last name first,  | if individual)        |                            |                   |          |                                 |  |  |  |  |
| Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)   | Business or Residence Address (Number and Street, City, State, Zip Code) |                       |                            |                   |          |                                 |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)   | Check Boxes that Apply:  | Promoter              | Beneficial Owner           | Executive Officer | Director | General and/or Managing Partner |  |  |  |  |
|  | Full Name (Last name first,  | if individual)        |                            |                   |          |                                 |  |  |  |  |
| Check Boxes that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner   | Business or Residence Address (Number and Street, City, State, Zip Code) |                       |                            |                   |          |                                 |  |  |  |  |
|  | Check Boxes that Apply:  | Promoter              | Beneficial Owner           | Executive Officer | Director | General and/or Managing Partner |  |  |  |  |
| Full Name (Last name first, if individual)   |  |                       |                            |                   |          |                                 |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |  |                       |                            |                   |          |                                 |  |  |  |  |

| B. INFORMATION ABOUT OFFERING   |   |                 |               |               |               |             |      |                   |  |   |   |      |            |
|---|---|-----------------|---------------|---------------|---------------|-------------|------|-------------------|--|---|---|------|------------|
| 1.  | Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? |                 |               |               |               |             |      | Yes               | No   |   |   |      |            |
|   | Answer also in Appendix, Column 2, if filing under ULOE.  |                 |               |               |               |             |      | $\boxtimes$       |  |   |   |      |            |
| 2.  | What is the minimum investment that will be accepted from any individual?                             |                 |               |               |               |             |      |                   | \$1,000.00   | *                                       |   |      |            |
| 3.  |   |                 |               |               |               |             |      |                   |  |   |   | Yes  | No         |
| 3. Does the offering permit joint ownership of a single unit?   |   |                 |               |               |               |             |      |                   | $\boxtimes$  |   |   |      |            |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. |   |                 |               |               |               |             |      | be mad            | ct to exceptions to<br>c by the Managers<br>leir sole discretion |   |   |      |            |
| Full  | Name (Las   | t name first, i | f individual) |               |               |             |      |                   |  |   |   |      |            |
|   |   |                 |               |               |               |             | N/A  |                   |  |   |   |      |            |
| Bus   | iness or Res  | idence Addre    | ss (Number    | and Street,   | City, State,  | Zip Code)   |      |                   |  |   |   |      |            |
| Nan   | ne of Assoc   | iated Broker o  | or Dealer     |               |               |             |      |                   |  | <del></del>                             |   | ·    |            |
|   |   |                 |               |               |               |             |      |                   |  |   |   |      |            |
| Stat  | es in Which   | Person Liste    | d Has Solici  | ted or Intend | Is to Solicit | Purchasers* | •    |                   |  |   |   |      |            |
| (Ch   | eck "All Sta  | ites" or check  | individual S  | States)       |               |             |      | ***************** |  |   |   |      | All States |
| [AL   | 1   | [AK]            | [AZ]          | [AR]          | [CA]          | [CO]        | [CT] | [DE]              | [DC]   | [FL]                                    | [GA]                                    | [HI] | [ID]       |
| {IL}  |   | IMI             | [IA]          | [KS]          | [KY]          | [LA]        | [ME] | [MD]              | [MA]   | [MI]                                    | [MN]                                    | [MS] | [MO]       |
| [M]   | Ï   | [NE]            | [NV]          | [NH]          | [LN]          | [NM]        | [NY] | [NC]              | [ND]   | [OH]                                    | [OK]                                    | [OR] | [PA]       |
| [RI]  |   | [SC]            | [SD]          | [TN]          | [TX]          | [UT]        | [VT] | ĮVΑJ              | ĮVAJ   | ĮWVJ                                    | [WI]                                    | ĮWYJ | [PR]       |
| Full  | Name (Las   | t name first, i | f individual) |               |               |             |      |                   |  |   |   |      |            |
|   |   |                 |               |               |               |             |      |                   |  |   |   |      |            |
| Bus   | iness or Res  | idence Addre    | ss (Number    | and Street,   | City, State,  | Zip Code)   |      |                   |  |   |   |      |            |
| Nan   | ne of Assoc   | iated Broker o  | or Dealer     |               |               |             |      |                   |  |   |   |      |            |
| Stat  | es in Which   | Person Liste    | d Has Solici  | ted or Intend | Is to Solicit | Purchasers  |      |                   |  |   |   |      |            |
| (Ch   | eck "All Sta  | ites" or check  | individual S  | States)       |               |             |      |                   | ******************   | *************************************** | *************************************** |      | All States |
| ſΛL   | ı   | [AK]            | [AZ]          | [AR]          | [CA]          | [CO]        | [CT] | [DE]              | [DC]   | [FL]                                    | [GA]                                    | [НІ] | [ID]       |
|   | -   | [IN]            | [IA]          | [KS]          | [KY]          | [LA]        | [ME] | IMDI              | [MA]   | [MI]                                    | [MN]                                    | [MS] | [MO]       |
| [M]   |   | (NE)            | [NV]          | [NH]          | ונאן          | [NM]        | [NY] | INCI              | ĮMDĮ   | [OH]                                    | [OK]                                    | [OR] | [PA]       |
| [RI]  |   | (SC)            | (SD)          | [TN]          | [TX]          | [UT]        | [VT] | [VA]              | ĮVA]   | [WV]                                    | [WI]                                    | [WY] | [PR]       |
| Full Name (Last name first, if individual)  |   |                 |               |               |               |             |      |                   |  |   |   |      |            |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |   |                 |               |               |               |             |      |                   |  |   |   |      |            |
|   |   |                 |               |               |               |             |      |                   |  |   |   |      |            |
| Name of Associated Broker or Dealer   |   |                 |               |               |               |             |      |                   |  |   |   |      |            |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  |   |                 |               |               |               |             |      |                   |  |   |   |      |            |
| (Check "All States" or check individual States)   |   |                 |               |               |               |             |      |                   |  |   |   |      |            |
| [AL   | I   | [AK]            | [AZ]          | [AR]          | {CA]          | (CO)        | [CT] | [DE]              | [DC]   | [FL]                                    | [GA]                                    | [HI] | [ID]       |
| [IL]  |   | IINI            | [IA]          | [KS]          | {KY           | [LA]        | [ME] | [MD]              | [MA]   | [Mi]                                    | [MN]                                    | [MS] | [MO]       |
| [M]   | 1   | INEI            | [NV]          | INHI          | [NJ]          | [NM]        | [NY] | [NC]              | [ND]   | ЮН                                      | [OK]                                    | [OR] | [PA]       |
| [RI]  |   | [SC]            | [SD]          | [TN]          | [TX]          | [UT]        | [VT] | [VA]              | [VA]   | [WV]                                    | [WI]                                    | [WY] | [PR]       |

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt Equity..... Common Preferred Convertible Securities (including warrants) Partnership Interests 390,400 Other (Specify Membership Interest Units) 390,400 390,400 390,400 Total..... Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases \$ 390,400 \_\_\_\_11 Accredited Investors Non-accredited Investors..... 0 \$ Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C -Question 1. Type of Dollar Amount Security Sold Type of Offering Rule 505 ..... Regulation A ..... Rule 504 ..... Total..... a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs..... \$ <u>3,000</u>  $\times$ Legal Fees ..... Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately) Finders' Fees ..... Other Expenses (filing fees; copies)  $\boxtimes$ \$ 1,500

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Ø

4,500

Total .....

| C. OFFERING PRICE, NUMBER OF I   | INVESTORS, EXPENSES AND USE OF PROCEED   | DS   |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| <ul> <li>Enter the difference between the aggregate offering price give<br/>furnished in response to Part C - Question 4.a. This difference is the</li> </ul>  |  |  |  |  |  |  |  |
| 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. |  |  |  |  |  |  |  |
|  | Payment to<br>Officers,<br>Directors, &<br>Affiliates  | Payment To<br>Others   |  |  |  |  |  |
| Salaries and fees  |  | S  |  |  |  |  |  |
| Purchase of real estate  | <b>S</b>   | <b>s</b>   |  |  |  |  |  |
| Purchase, rental or leasing and installation of machinery and equipment  |  | S  |  |  |  |  |  |
| Construction or leasing of plant buildings and facilities  | [] \$  | S  |  |  |  |  |  |
| Acquisition of other businesses (including the value of securities involved may be used in exchange for the assets or securities of another issuer purs  |  | [] \$  |  |  |  |  |  |
| Repayment of indebtedness  | <b>\$</b>  | S  |  |  |  |  |  |
| Working capital  | \$   | <b>S</b> 385,900   |  |  |  |  |  |
| Other (specify):   |  | \$   |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Column Totals  | · \$   | <b>⊠</b> \$ 385,900  |  |  |  |  |  |
| Total Payments Listed (column totals added)  |  | <b>S</b> 385,900   |  |  |  |  |  |
| D. FED   | DERAL SIGNATURE  |  |  |  |  |  |  |
| The issuer had duly caused this notice to be signed by the undersigned duly an an undertaking by the issuer to furnish to the U.S. Securities and Exchange Co non-accredited investor pursuant to paragraph (b)(2) of Rule 502.  | othorized person. If this notice is filed under Rule 505, commission, upon written request of its staff, the information | the following signature constitutes ation furnished by the issuer to any |  |  |  |  |  |
| Issuer (Print or Type)   | Signature  | Date   |  |  |  |  |  |
| Green Builder Media, LLC   |  | 04.17,2006   |  |  |  |  |  |
| Name of Signer (Print or Type)   | Title of Signer (Print or Type)  |  |  |  |  |  |  |
| Six Guttermen  | Manager  |  |  |  |  |  |  |

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)